Services Requiring Prior Authorization
Effective January 1, 2025

Assure Plans

Service Category	Service Details	Who to contact for Prior Authorization Review
General Authorization	Services considered experimental, investigational, unproven or for research purposes. Including all CPT category III codes	Network Health at 866-709-0019 or 920-720-1602
Inpatient Services: medical, surgical, obstetrical, and behavioral and mental health services including:	Acute hospital	Network Health at 866-709-0019 or 920-720-1602
	Long term acute care (LTAC)	
	Maternity-vaginal delivery and newborn stays over two days, Cesarean delivery and newborn stays over four days	
	Mental health/behavioral health/substance abuse	
	Neonatal intensive care unit (NICU)	
	Rehabilitation	
	Skilled nursing facility	
	Sub-acute, swing bed and transitional care	
Transplant Services	Solid organ and bone marrow/stem cell transplant services including evaluation and work up	Network Health at 866-709-0019 or 920-720-1602
Surgical procedures	Magnetic sphincter augmentation procedures for the treatment of GERD (LINX)	Network Health at 866-709-0019 or 920-720-1602
	Orthoganathic prognathic maxillofacial surgery	
	Temporomandibular joint disorder (TMD) surgical services	
	Transgender Surgery, Sex Reassignment Surgery	
	Bariatric (weight loss) procedures	
Cosmetic Procedures including but not limited to:	Botox injections (auth required through CCUM)	Network Health at 866-709-0019 or 920-720-1602
	Breast implant removal/replacement	
	Dermabrasion and chemical peel	
	Liposuction and lipectomy	
	Mammoplasty reduction or augmentation	
	Otoplasty	
	Panniculectomy, and other excess skin removal	
	Pectus excavatum repair	
	Port wine stain removal	
	Rhinoplasty, rhytidectomy	
	Any other procedures potentially cosmetic in nature	
Durable Medical Equipment (DME) for use at home	Communication devices	Network Health at 866-709-0019 or 920-720-1602
	Progressive Stretch devices	
	Cranial orthotic	
	Hospital beds	
	Lymphedema pumps, garments, and pneumatic compression	
	Mobile cardiac outpatient telemetry – MCOT (outpatient heart monitoring)	
	Neuromuscular stimulators for bowel and urinary conditions	
	Orthotics over $1000 based on retail purchase price	
	Patient lifts (e.g. electric, Hoyer, hydraulic)	
	Power operated vehicles and scooters	

	Prosthetics over $5,000 based on retail purchase price	
	Repairs or replacement DME over $1,500-based on retail purchase price – **excludes PAP devices**	
	Seat lifts	
	Wheelchairs: manual, electric and customizations (K0001-K0004 do not require auth until rental month 4 or day 91 (KJ modifier required)).	
	Wheelchair accessories, including but not limited to, power joystick control, power tiller control, power seat tilt, power seat recline and power leg elevation.	
	Deep Brain Stimulators	
	Bone Growth Stimulators (if used for the spine, eviCore reviews)	
	Continuous Glucose Monitors (CGMs)	www.covermymeds.health
*Non-emergent services Prior Authorization through EviCore: *****If any of these services are being performed as an inpatient, the procedure requires auth through EviCore and the inpatient hospitalization through Network Health	CAR T-Cell Therapy (chimeric antigen receptor T-cell therapy)	EviCore at 855-727-7444 or myportal@evicore.com
	CT Scans – all ambulatory computed tomography (CT)	
	Cardiac diagnostics including all ambulatory diagnostic cardiac catheterizations, nuclear cardiology scans, stress echocardiograms	
	Cervical, lumbar and thoracic spine procedures/surgeries	
	Interventional pain injections and procedures	
	DME: Electrical stimulation devices (spinal)	
	DME: Pain pumps	
	MRI scans: All ambulatory magnetic resonance imaging	
	MRA scans: All ambulatory magnetic resonance angiography	
	PET scan: All ambulatory positron emission tomography	
	Medical Oncology Services	
	Molecular Genetic Lab Testing	
	Outpatient radiation oncology treatments	
	Shoulder, hip and knee procedures	
	Physical Therapy and Occupational Therapy (outpatient, as well as in home setting & therapy in a SNF provided as outpatient)	
	Peripheral Vascular Disease (diagnosis and treatment)	
	Gastroenterology (EGD's, Capsule Endoscopy, non-preventive colonoscopy)	
Other Procedures and Services	Dental care in a hospital or ambulatory surgical center	Network Health at 866-709-0019 or 920-720-1602
	Dental Care for Accidents	
	Skin Substitute products – application and use	
	Certain medications under your medical benefits	Phone: 877-787-8705 Fax: 877-860-8866 OR online at ExpressPath portal www.express-path.com

All outpatient medications should be directed to Express Scripts/CCUM at
Phone: 877-787-8705
Fax: 877-860-8866
Online: ExpressPath portal www.express-path.com

When requesting authorization, please provide the CPT, HCPCS, and/or revenue code appropriate for the planned service.

Whether Network Health is the primary, secondary, or tertiary insurer, authorization procedures must be followed to receive coverage.

Authorization is not a guarantee of payment. Claims will be denied if they do not meet with all the terms and provisions of the effective coverage document. Actual benefits will be determined when the claim or bill is submitted to Network Health.
Certain services are directly excluded from coverage under the person's SPD and will be reviewed when a claim is submitted to determine availability and claim payment. Post service claims may be reviewed for medical necessity.

You can find a list of authorization changes in the authorization section of the provider resources page on www.networkhealth.com

CONTACT INFORMATION:

Member Experience for benefits and eligibility:
Phone: 844-300-5537 or 920-720-1370

Utilization Management for prior authorization:

Phone: 866-709-0019 or 920-720-1602

Fax: 920-720-1916

For 24/7 access to view benefits and eligibility, submit online authorization requests and more, please register at https://login.networkhealth.com.

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